on account of its appearance at the time of puberty and its resistance to all therapeutic measures the disease is probably to be regarded as a developmental one. SCHWAB.

51 UEBER TELEANGIEKTASIEN MIT UNILATERALER HYPERTROPHIE UND ÜBER KNOCHENVERLÄNGERUNG BEI SPINALER KINDERLÄHMUNG (Concerning Telangiectasia with Unilateral Hypertrophy and Concerning Elongation of the Bones in Infantile Spinal Paralysis). S. Kalischer. (Monatsschrift für Psychiatrie und Neurologie, Vol. 6, p. 431).

A child, three and a half years old, had since birth diffuse angioma or lymphangiectasia on the right breast and abdomen as far as the umbilicus, extending at this point beyond the median line. Both sides of the back were involved and similar areas were found on both hips, right arm, left leg, etc. The right lower extremity was much thickened and lengthened. The right hand was larger than the left, although the right thumb and the right big toe were smaller than those on the left side. The left mammary gland was larger than the right. Muscle and bone seemed to share equally in the hypertrophy. No distinct signs of involvement of the nervous system were seen. Kalischer refers to similar cases in the literature and reports a case of infantile spinal paralysis in which one lower extremity at one time was 2 cm. longer than the other, and three years later had become shorter than the other. He thinks the theory of trophic influence and dystrophy best explains the elongation of the bones observed in a few cases of infantile spinal paralysis. SPILLER.

52 UEBER DEN "FEMORALREFLEX" BEI LEITUNGSSTÖRUNG DES DORSALMARKS (The So-called Femoral Reflex in Interrupted Conductivity of the Dorsal Region of the Spinal Cord). E. Remak (Neurol. Centralbl., 18, 1900, p. 7).

The present contribution is interesting in view of the discussion now going on concerning Babinski's extensor reflex of the toes. Remak, in presenting a case before the Berliner Gesellschaft für Psych. und Nervenkrankheiten, Dec. 11, 1899, recalls to the minds of his hearers the fact that in 1893—before this same society—he demonstrated as a "femoral reflex" one which he was able to produce by irritation of a well-defined zone on the upper anterior aspect of the thigh of a four-year-old child with a transverse myelitis below the 7th dorsal segment. This reflex consisted first of a plantar flexion of the first three toes and then of a slow extension of the knee joint through contraction of the quadriceps extensor. The opinion then expressed by him was that there must be a preformed reflex path which—with increased reflex excitability of the lumbar cord from disturbed cord conductivity in approximately the region between the 8th and 12th dorsal segments—permitted stimulation of the above-designated skin area to bring about reflexes always topographically identical. The quadriceps contraction he believed to be the same sort of thing as the "pseudo-knee phenomenon" described by C. Westphal in 1882 in connection with a case of paraplegia from spondylitis of the lower dorsal vertebræ.

Remak then goes on to say that, in the same year (1893), in a discussion of a paper by W. Koenig, "On the Reflex Phenomena to be Observed on Irritation of the Plantar Surface of the Foot," he reported that he had met with three further cases of femoral reflex, two in spondylitic spastic paraplegia in children and one in spinal tumor at the level of the 7th dorsal vertebra. In all three cases plantar flexion of the big toe, generally but not so regularly, with the same movement of the other toes and extension of the knee, was observed on stroking the thigh.

He further recalls that apparently simultaneously v. Strümpell had published a number of observations (on paraplegics) in which, by irritation of the sole of the foot and the leg, the ordinary flexion reflex was observed, whereas irritation of the skin of the thigh—generally by stroking with the handle of the percussion-hammer, but at times by pricking or by the application of cold—a contraction of the thigh muscles, particularly the quadriceps and the adductors of the hip, was brought about.

These observations did not agree with his own, in that, in his experience, plantar flexion of the first toe occurred much more commonly than the contraction of the quadriceps femoris; and the matter was of particular interest to him because it concerned cases in which irritation of the sole of the foot always brought about the now much-exploited Babinski plantar reflex of the toes.

Remak then reports a case of a 2½-year-old child with spastic paraplegia from Pott's disease involving the region of the 3d and 4th dorsal vertebræ. There was slight rigidity of the legs, the knee-jerks and Achilles phenomenon lively, with ankle-clonus at times. The sensation of the lower extremities seemed diminished. Irritation of the sole of the foot caused extension of the great toe, then dorsal flexion of the foot-joint and flexion of the thigh on the pelvis. On the other hand, stroking of the upper anterior portion of the thigh with the handle of the percussion-hammer or with the head of a pin invariably caused plantar flexion of the first three toes, more rarely an extension of the knee. By stronger irritation flexion of the thigh on the pelvis immediately occurred.

In conclusion, R. states it as his impression that the femoral reflex involves the quadriceps more regularly and to a more marked degree in the lower-lying cord lesions (region of 8th dorsal segment), whereas in higher compression only plantar flexion of the toes is brought out, and that it is not improbable that not only the localization of the break in conduction but also its intensity plays a rôle.

J. W. Courtney.

53 The Occurrence of Day-Terrors in Children. G. F. Still (Lancet, Feb. 3, 1900).

Day-terrors in children have received but little attention. Much has been written of night-terrors, as they are common, but little attention has been given to the much less common attacks which occur during the waking moments. The author reports five cases of this condition, occurring in children all under the age of six years. In most of the cases the child suddenly begins to scream, has a terrified look and runs to his mother or attendant, hiding his face, and gives evidence of suffering from great fear. Hallucinations and delusions seem to be absent. Cases are reported which have occurred in older children. In some of these distinct evidences of visual and auditory hallucinations were obtainable. The relation to night-terrors is probably very close. In four of the cases reported night-terrors were, or had been, present and it would seem that the day attacks may be associated with them or replace them; but the two conditions are probably very different in etiology, although the etiology of night-terrors is far from being known. A nervous, excitable temperament is nearly always a factor in the etiology. Rheumatism, either in the child or in the parents, may play some rôle. In most of these chil-